



Iowa Medicaid Enterprise

Medicare Crossover Claims and Return to Provider (RTP) Reasons

The purpose of this document is to define Iowa Medicaid Enterprise (IME) criteria for accepting Medicare Crossover claims. It is important to understand common mistakes that may cause the IME to return a crossover claim to a provider. Claims that are not completed correctly may be returned to providers, or payment may be denied.

Crossover RTP Reasons and Remedies

- **Altered:** The section that is to be processed on the Medicare EOB has been altered. The Medicare EOB may not be altered in any way.
Remedy: Resubmit with an unaltered EOB.
- **Cannot combine detail lines:** The detail lines on the Medicare EOB cannot be combined when submitting them on the Professional Medicare Invoice.
Remedy: Submit the detail lines on the Professional Medicare Invoice exactly as indicated on the Medicare EOB.
- **Claim doesn't match EOB:** The EOB attached doesn't match the claim form submitted.
Remedy: Correct claim form to match the information on the EOB; or if the incorrect EOB was submitted with the claim, please resubmit with the correct EOB.
 - **Notes:**
 - If there is only one date of service on the EOB, that date should be used as both the "from" and "to" date on the Crossover Invoice form.
 - If more than 2 modifiers were submitted on a procedure code to Medicare, enter only the first two modifiers on the Crossover invoice.
- **Columns Cut Off:** A column on the Medicare EOB is cut off. Information needed to process the Professional Medicare Crossover Invoice or Institutional Medicare Crossover Invoice must be visible on the EOB.
Remedy: Submit the Crossover Invoice form along with a clean, legible copy of the Medicare EOB that contains all information in all columns.
- **Denied services:** The charges indicated for processing on the Medicare EOB are for denied services.
Remedy: Submit an original CMS1500 or UB04 claim form along with the Medicare EOB. **Do not** send a Crossover Invoice for services that were denied by Medicare.



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- **EOB:** EOB's from a commercial insurance may be supplied as documentation but must be accompanied by a claim form.
Remedy: Refer to Informational Letter # 1032 if submitting a Medicare/Medicare HMO EOB.
- **Incorrect claim type attached:** Claims originally submitted to Medicare on a CMS-1500 need to be submitted on a Professional Medicare Crossover Invoice; Claims submitted to Medicare on a UB-04 need to be submitted on an Institutional Medicare Crossover Invoice.
Remedy: Submit the proper crossover invoice for the type of claim billed originally to Medicare.
- **Medicare Crossover Invoice Missing:** A Medicare Crossover Invoice (Professional) or Medicare Crossover Invoice (Institutional) must be submitted with the Medicare EOB when Medicare has paid and established a coinsurance and/or deductible.
Remedy: Submit a Crossover Invoice form along with the Medicare EOB. Do not submit a CMS1500 or UB04 when Medicare has paid on the claim and established coinsurance and/or deductible.
- **Multiple claims one set of documentation:** Multiple claims were received with one set of documentation. Copies of the documentation need to be made and attached to each claim.
Remedy: Submit each Crossover Invoice with a copy of the Medicare EOB and documentation if necessary. Do not resend the documents that were returned, as they will not be legible.
- **Multiple sections:** Each section on the Medicare EOB (remittance advice) represents a separate claim. Each section must be submitted on a separate Medicare Crossover Invoice (Professional) or Medicare Crossover Invoice (Institutional) claim form.
Remedy: Submit a crossover invoice and EOB for each claim submitted to Medicare (each section on the EOB).
- **No EOMB attached:** The Explanation of Medicare Benefits (EOMB), also referred to as the Medicare EOB, is missing.
Remedy: Submit Crossover Invoice along with a copy of the Medicare EOB. Refer to IL 1032.



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- **Negative Amount:** A negative dollar amount has been submitted on the claim form.
Remedy: The Crossover Invoice should never contain negative dollar amounts. IME will not accept EOBs that contain negative dollar amounts, with the exception of the “net reimbursement” or “provider paid” amount on the EOB. The dollar amount associated with a negative net reimbursement should not be indicated on the crossover invoice; it should be left blank. If the EOB contains negative dollar amounts in the coinsurance, deductible or other fields the claim will be returned. Typically a negative amount in those fields indicates that the claim is an adjustment, rather than a claim. Submit a copy of the EOB with the claim information along with the Crossover Invoice in order to receive payment. IME is aware of specific Medicare HMO’s that use negative dollar amounts for claims and will accept EOBs from those specific HMO carriers.
- **Photocopied Claims:** The submitted claim form is a photocopy. Claims will be returned if a photocopy of the Professional or Institutional claim form is submitted and the provider is wanting paid for the covered charges
Remedy: To receive payment of coinsurance/deductible on claims paid by Medicare, submit an original Crossover Invoice claim form along with a clean and legible copy of the Medicare EOB. For charges that were denied by Medicare, submit either the original CMS-1500 OR UB-04 claim form along with a clean and legible copy of the Medicare EOB. **Note:** do not re-submit a copy of the EOB from a letter that IME returned to you – it will not be readable.